

Expected Practices

Specialty: Urology

Subject: Renal Cysts in Adults

Date: August 13, 2014

Purpose:

To provide clinical guidance in the assessment and treatment of Renal Cyst in adults.

Target Audience:

Primary Care Providers (PCPs)

Expected Practice:

Perform the following assessments:

Check creatinine and GFR:

1. If labs normal, order CT abdomen and pelvis with and without IV contrast (CT Urogram) if not already completed. Request Bosniak classification from radiology.
2. If azotemia, order renal US. If not a simple cyst, order MRI abdomen and pelvis with and without gadolinium.

Management:

- Bosniak I-II (or simple cyst): No follow-up needed.
- Bosniak IIF: Order follow-up renal US at 6 months for comparison. If stable, convert to yearly renal US. Urology eConsult not needed unless the cyst changes in size or character.
- **For Bosniak III-IV: Submit eConsult to Urology.**

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.